

OUR LEGAL RECORDS AND THE INDEMNITY DEFENSE FUND.

The practice of medicine depends perhaps more than any other branch of scientific endeavor upon experiment and inductive reasoning. And yet it is very difficult to direct the attention of men of this type of mind to matters of intense personal interest to them. We refer to the records of our Legal Department.

These records of claim after claim and case after case against physicians, should engage the careful consideration of every member. They show conclusively, first, that neglect, carelessness, and lack of skill are not charged only against the younger men, the more inexperienced men, and the men who might not be termed the most learned or careful in any given line of work. But on the contrary, these records demonstrate that these claims are made and suits are brought with the greatest impartiality against the most experienced, the most skilful, and the most careful of those of whom the profession can boast.

Secondly, these files show that rapacity and ignorance refuse to recognize that man is mortal; that there are few specific remedies; in a word, that a physician is not a warrantor of cures nor a guarantor of diagnosis and treatment.

Thirdly, these documents record in unmistakable language that no matter how devoid of merit such a claim may be, no matter how outrageous or ridiculous its assumed basis in fact or theory, a very high degree of legal skill, a vast amount of work and vigilance is frequently necessary to protect the property, and preserve the name and reputation of an able, skilful and devoted member of the profession.

To meet this situation more adequately the Indemnity Defense Fund was instituted.

After months of labor, thought, and care, our Council and the Legal Department have worked out the rules and regulations governing the Fund. Copies of the Coverage Rules are being mailed to the members who have subscribed to it. The books of the Trustees have been opened, and the whole machinery of the plan is under way.

Subscriptions to the Fund are coming in. The Council has determined that until December 31, 1917, the amount shall remain the same, viz.: \$15 in cash and \$15 by note. We undertake to say that this is the best investment of \$30 that any member could make.

We do not advance this proposition merely because it is a Society undertaking. It is based on facts, upon our own legal records covering the past eight years, and upon the lively recollections we maintain of the anxiety and worry these attacks have brought upon our members. This conservative, carefully-worked-out plan of adding to our splendidly organized Legal Department, indemnity against possible adverse judgments should receive the earnest personal support of each member of the Society. The first step in that support is a subscription to the Fund.

Full details regarding the Fund are in the hands of the Secretary of your County Society. If you

have not already subscribed, can we say more to urge you to do so immediately? Your protection under the Fund commences with the day your subscription is received by the Secretary.

INSURANCE AND THE INDEMNITY DEFENSE FUND.

When the Legal Defense Department was first instituted in 1909, no distinction was made as to the defense of members accused of malpractice, between members who were protected by corporate insurance and members who were not. In 1912 the constantly increasing cost of maintaining the Department caused the Council to adopt the rule that if a member were insured he must elect whether or not he desired the insurance company or the Society to undertake his defense. There has been a great deal of discussion and criticism of this rule. It was adopted solely for reasons of economy and because the Council felt that by doing so the greatest possible good would be extended to the greatest possible number in the organization. The rule has ever since remained in force, and for the same reasons, but if a member is insured and he does elect to have his insurance company protect him, the Society nevertheless is interested in every case and affords such general co-operation as it can. Where the circumstances are peculiar and special, the Council has in one or two instances authorized active participation by the Society's Legal Department as well.

It is perhaps hardly necessary to say that a member although insured, nevertheless strongly desires the active co-operation of the Society through its authorized representatives in his particular case. The Indemnity Defense Fund meets this situation by affording both legal defense by the Society and indemnity against a possible adverse judgment.

Our Legal Department does not advise any member who is otherwise insured to relinquish that insurance upon joining the Indemnity Defense Fund, but to retain that insurance and join the Indemnity Defense Fund as well. It should be borne in mind that while an accurate statement cannot be made in this regard, the Indemnity Defense Fund does not mean a regular annual assessment for its maintenance. We will later have space to say more upon this subject.

MILITARY MEDICAL NEEDS.

There has been a great response to the initial calls for physicians in the Army and Navy Medical Corps, and the Medical Officers' Reserve Corps. And yet the need is so great that the real demand is still most inadequately met. The actual loss of medical officers in the armies of England and France has served to accentuate the urgent requirements of civil practice in those countries. Particularly in France the new public health problems incident to the war, such as the enormous problem of tuberculosis control and venereal prophylaxis, are demanding a new army of medical men who only in part have thus far been forthcoming. These new requisitions of physicians must be filled largely from the United States, and this

must be done in addition to supplying an adequate medical personnel for our own army and navy.

There was published in the last issue of the Journal, an appeal from Dr. J. Henry Barbat, president of the Medical Society of the State of California, for the enrollment with one of the medical services of every physician whose circumstances would at all permit. We repeat that appeal, not in view of a poor response from the physicians of California,—because the response has been already exceedingly gratifying,—but we repeat the appeal because of the enormous obligation and necessity resting on physicians by virtue of their very profession, and the crying demand for their present service on a war basis. It is again urged that each individual reader of this page consider most seriously within himself whether he cannot enroll in one of the military services.

Thus far there has been proportionately a much larger enrollment among the older physicians than among the younger. And yet no physician who has graduated within the last four years should content himself with other than the most substantial reasons against enrollment. In the military service, the younger officer has an immense advantage. If he enters the regular medical corps of army or navy, this advantage is peculiarly great as his order of seniority rises.

A feature which every physician should emphasize in his daily rounds is the need for enlisted men in the sanitary troops. The physician best of all can appeal to young men of his acquaintance to enlist for this service. It affords sure promise of action, valuable experience and training, and danger to inspire any man's best courage. Each and every physician in the state, whether enrolled, superannuated, incapacitated, active or whatnot, ought to inform himself thoroughly on medical military organization, and become an active campaigner for recruits for the enlisted Sanitary Service as well as for the Army and Navy Medical Corps, and the Medical Officers' Reserve Corps.

THE ALCOHOL QUESTION.

I. PHYSIOLOGICAL CONSIDERATIONS.

Comparatively little data of scientific value is available on the exact physiological action of alcohol. Its use as a medicine is rapidly disappearing, as its harmful by-effects are better understood. That it has a certain food value is known. But it is not a protein substitute or a tissue builder. It does afford direct energy on oxidation and may partly replace fats and carbohydrates to a limited degree. With this limited food value is to be remembered too its narcotic and toxic action, and its inclusion in the class of habit-forming drugs. Since its narcotic properties have been evaluated, it no longer ranks as a stimulant. Thus has there come a decided change in the scientific estimation of alcohol,—a change paralleled by an equally decided change in social estimation of it. For whereas society of but a few generations ago considered alcoholism rather a distinction, the converse has become a present fact.

1. (New York City Department of Health,

Monthly Bulletin, May, 1916.) According to the ergograph, alcohol reduces physical power by about 8%. Psychological tests show it to produce a mental efficiency loss of from 3 to 27%. Its direct production of disease, especially in the gastrointestinal tract, nervous system and mentality, is well known but perhaps represents a toxic action appearing only with excessive or long-continued use. With this should be noted its effect in increasing susceptibility to infectious diseases. A conservative estimation from careful data places about 10% of insanity at the door of alcohol. The 36,000 insane of New York state in 1915 cost \$6,200,000 for maintenance. Elimination of alcohol would therefore have saved \$620,000 to that state on this score alone.

Literature on the physiological action of alcohol is enormous but nearly all of it is invalidated from the scientific standpoint by lack of proper control and absence of personal bias and prejudice in the conductor. The alcohol program of the Carnegie nutrition laboratory furnishes one of the first attempts to get really reliable evidence of this action. Benedict summarizes the results so far obtained in the investigation of the effect of alcohol in moderate doses on psychological processes in man (Science, 1916, XLIII, 907). On normal subjects, alcohol increased the latent time of the patellar reflex about 10 per cent., and reduced the coincident muscle thickening by 46 per cent. The latent period of the protective lid reflex was increased 7 per cent., and the extent of the lid movement by 19 per cent. The latent period of speech reaction was increased 3 per cent. Memory and free association were but slightly affected.

The sensory threshold, as shown by sensitivity to faradic stimulation, was raised by 14 per cent. In motor co-ordination tests the number of finger movements in six seconds decreased by 9 per cent. and the velocity of the eye through an arc of 40 degrees was decreased by 11 per cent.

All of these experiments showed alcohol as a definite depressant, exerting least effect on the more highly organized processes of free association and memory. The pulse rate is constantly accelerated by inhibition of the cardio-inhibitory mechanism. "The higher senses alone show capacity for autogenic re-enforcement," and are most free from voluntary re-enforcement and control. They are the ones least affected by alcohol. Benedict warns against indiscriminate application of these results to industrial and other problems until the mass of carefully controlled experimental work is greater, and these results are confirmed.

It appears then that alcohol is useful as a drug and as a food in very limited and carefully controlled situations alone, and that its employment in either capacity is attended by serious risk of habit formation, and likewise by the necessary concomitants of its narcotic and destructive physiological action. Judgment of what constitutes a proper situation for its exhibition must therefore be influenced by consideration of whether the good to be achieved is worth the full price of the effect produced, whether the cure may not be worse than the disease. Furthermore its cost is a serious